

Medical Matters.

TREATMENT OF CHILBLAINS.

The Paris correspondent of the *Lancet* states that according to M. Jacquet and M. Jourdanet chilblains are caused by a conflict of multiple irritations. In a communication on this subject read at a meeting of the Academy of Medicine held on January 4th they said that one factor in these irritations was the influence of cold or rather of rapid and repeated alternations of cold and heat, whilst another factor consisted of various organic reflexes. The effect of these causes was that the vascular system of the skin suffered from functional impairment with the production of stasis, erythema, engorgement, and ulceration. In treatment the first consideration was exercise and elevation of the extremities. Very frequently—every hour if possible—the patient, sitting comfortably on the edge of a bed, should raise his arms to their full height for several minutes, at the same time making with his hands, and especially with his fingers, rapid and alternative movements of complete flexion and extension. Similar exercises of elevation and movement were applicable to the feet, the patient being either seated or recumbent. During the intervals between these exercises care should be taken not to let the hands hang down or swing to and fro, and when there were chilblains on the toes the person should keep as much as possible in the horizontal position with the feet raised. Of course, the extremities should be well protected against cold. After a few days of this treatment the local asphyxia diminished, the doughy condition disappeared, and the stiff and swollen fingers resumed their natural condition. Massage might then with advantage be added to the exercises already described, the best form of it being gradual kneading of the tissues.

BERI-BERI AT SINGAPORE.

Dr. W. Gilmore Ellis, who is the medical superintendent and medical officer to a special hospital for beri-beri which was opened at Singapore in 1907, sends a gratifying account of the success that has been secured in the treatment of the disease, to the *Birmingham Post*. The hospital contains 120 beds, and of 738 patients who have passed through Dr. Ellis's hands only twenty have died, and in only eight of these was beri-beri the cause of death. The healthy site of the hospital, which stands on the sea five miles from Singapore, the open air treatment, and the sea-bathing which is followed as a routine, all patients being kept in the sea for half an hour daily and massaged, promote healing, and Dr. Ellis attaches the

greatest importance to the prohibition of uncured rice as an article of diet. His own experience in connection with the Singapore Lunatic Asylum, where there has been a succession of epidemics since 1896, convinced him that the disease was due in some way to the use of uncured rice, and the use of cured or Bengal rice exclusively has kept the institution free from beri-beri for more than a year. Dr. Ellis gives the directions which are followed for the preparation of cured rice in the Beri-Beri Hospital. The rice used is Siam rice. It is soaked in water for forty-eight hours, the water being changed once. It is then placed in boilers and steamed, not under pressure, until the grains burst, generally a matter of from ten to twelve minutes. It is then sun-dried, and afterwards goes through the mill, to be husked in the usual way.

MALARIA AND BLACKWATER FEVER ON THE GOLD COAST.

A retired surgeon, Lieut.-Colonel of the Indian Medical Service, writing to the *Times* on the above subject, says: "There are three methods whereby infection with malaria can be prevented—the first is absolute protection against the bites of mosquitoes; secondly, the extermination of mosquitoes; and thirdly, the efficient prophylactic use of quinine.

"From what I saw of the conditions prevailing on the Gold Coast I was forced to the conclusion that the third method—namely, quinine prophylaxis—was the only one on which any reliance could be placed.

"Europeans who go to the Gold Coast quickly acquire the belief that an attack of fever is, in the nature of things, a right and proper dispensation. They are led to think that the use of quinine will in a measure only protect them from an outbreak of fever, and not, as should be the case, that it will prevent its occurrence. It is difficult to understand why it should be regarded as a palliative only and not a specific in the prevention of fever. It is as easy to kill an infant as an adult, and therefore it is certain that quinine, which destroys a developed malarial infection will likewise kill a similar infection in its earlier infantile stage.

"An attack of malarial fever results from the presence in the blood of a large number of spores. These spores, but few at first, arise from the germs injected by the mosquito. The spores multiply in the blood of the person bitten, and several days must elapse before they can become sufficiently numerous to produce an attack of fever. To think that quinine will not destroy these spores when few in number and thereby prevent fever, whilst admitting that it will kill them when in great numbers and so cure fever, is to believe what seems to be an absurdity.

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